

# **ROCK:YOUTH**

## **Student Ministry Registration/Health Info:**

**August 2009 – July 2010**

*Please Print In Ink*

Name: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
Last First Middle Init. (circle one)

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second Parent \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Alt. Emergency Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Parent email address \_\_\_\_\_ Student email address \_\_\_\_\_

Medical insurance carrier \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Carrier address \_\_\_\_\_ Name of insured person \_\_\_\_\_

Insured person's place of employment \_\_\_\_\_ Insured Person's social security# \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic illness/medical conditions including mental illness (depression, anxiety, etc).  
\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

### **Current Medications (List both prescription, OTC and herbal)**

Medication name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

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Blood type (if known) \_\_\_\_\_ Are all immunizations current? (MMR, tetanus, hepatitis) Yes \_\_\_ No \_\_\_

Describe your students swimming ability: Beginner \_\_\_ Intermediate \_\_\_ Lifeguard certified \_\_\_

Any other information you feel the leaders should know in advance about your student. \_\_\_\_\_  
\_\_\_\_\_

### **For your information, these are our rules of conduct expected from each student:**

- Respect one another, staff and adult leaders
- No alcohol, drugs, tobacco
- No students permitted to drive for events
- Participation with the group expected
- No offensive or immodest clothing
- No boys in girl's sleeping quarter & visa versa
- No 2-piece swim suits
- Respect and comply with event schedules
- Respect property

**Failure to comply with these expectations could result in your child being sent home at your expense.**

*My child has permission to attend all ROCK:Youth activities as listed in the ROCK newsletter and offered by ROCK ministry.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ROCK:YOUTH WAIVER AND RELEASE FROM LIABILITY

## Effective August 2009 to July 2010

I(We) acknowledge that my child's participation in the ROCK:Youth program is voluntary and may require involvement in activities that require traveling or physical exertion. I (We) acknowledge that my child's participation in any ROCK:Youth activity presents the risk that my child may suffer property damage or bodily injury. I (We) understand that every effort will be made by ROCK ministry (staff and volunteers) to keep my child safe, but that accidents may still occur. Therefore, in consideration of my child's being allowed to participate in said program activities, and in light of the precautions that will be taken, I (we) agree to the following:

\_\_\_\_\_  
Initial

- Mitchell Wesleyan/Rock:Youth are not responsible for the loss or theft of personal belongings.

\_\_\_\_\_  
Initial

- Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

\_\_\_\_\_  
Initial

- I understand and authorize that my child's image may be photographed or filmed and used in video presentations, and printed publication for ROCK:Youth Ministries including the internet website.

\_\_\_\_\_  
Initial

- I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns:
  - A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in ROCK:Youth activities, the following person, or entities: Mitchell Wesleyan Church, it's Senior Pastor and Associate Pastors, employees, volunteers, representatives, subcontractors and agents of any of the above:
  - B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of ROCK: Youth, Mitchell Wesleyan staff or volunteers and:
  - C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all ROCK:Youth activities.**

\_\_\_\_\_  
Initial

- The undersigned \_\_\_\_\_ (parent/guardian), the parent and natural guardian or legal guardian of \_\_\_\_\_ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

\_\_\_\_\_  
Initial

- I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to ROCK:Youth representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

\_\_\_\_\_  
Initial  
(Optional)

- I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/ Diphenhydramine or over the counter antacids as needed:

Child's Name: \_\_\_\_\_

Parent(s)/Guardian Signature: \_\_\_\_\_

